

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90133 003 ***150.00

DOCUMENT # P97000073000

1. Entity Name

OCEAN ATLANTIC CARPET AND TILE CO.

Principal Place of Business

Mailing Address

PO BOX 2756
 STUART FL 34997

PO BOX 2756
 STUART FL 34996-2756

00055898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0784450**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGELASTRO, PAUL S
3008 S.E. DARIEN RD.
PORT ST LUCIE FL 34952

Name: **PAUL S Agelastro**
 Street Address (P.O. Box Number is Not Acceptable):
1294 Vicky Ln
 City: **Palm City** FL Zip Code: **34990**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P AGELASTRO, PAUL S 3008 SE DARIEN RD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vicky Lombardo 2323 SW Washington St Stuart FL 34997
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Rich Gaminia Ten 2594 SW Mayaco Way Palm City FL 34990
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Fran Agelastro 4502 N Ford Hwy Lt. House Point FL
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul S. Agelastro Pres. Date: 4-25-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 288-1411

CR2E034 (9/99)